

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
						CLAIMS		
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1							
2		1						
3		1						
4		1						
5		1						
6	1							
7		1						
8	1							
9		1						
10		2						
11		2						
12		2						
13		2						
14		2						
15		2						
16		2						
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18		2						
19		2						
20	1							
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48								
49								
50								
TOTAL IND.	4							
TOTAL DEP.	28	←	→	→	←	→	→	→
TOTAL CLAIMS	32	■	■	■	■	■	■	■